**Signature Name: NEW USER**

**OPTIFREIGHT NEW USER**

**Note: Shaded fields indicate required information**

|  |  |
| --- | --- |
| **Details** |  |
| **User Name (first name, last name)** |  |
| **User Email Address** |  |
| **Mirror User: first name, last name \*Stop Here If Mirroring\*** |  |
| **Shipping Location Name** |  |
| **Shipping Location Full Address (Street, City, State, Zip)** |  |
| **Users phone number** |  |
| **Title or role** |  |
| **Cost Center number(s) and name – if required** |  |
| **Any additional Access Rights required** **(Reporting, Admin etc.)** |  |

**You can also register on our website:** [**https://optifreight.cardinalhealth.com/RequestLogin.aspx**](https://optifreight.cardinalhealth.com/RequestLogin.aspx)